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FM AMEMBASSY ADDIS ABABA  
TO RUEHC/SECSTATE WASHDC PRIORITY 0054  
INFO RUCNIAD/IGAD COLLECTIVE  
RUEHPH/CDC ATLANTA  
RHMFSS/CJTF HOA  
RUEAIIA/CIA WASHINGTON DC  
RUEKDIA/DIA WASHINGTON DC  
RHMFIUU/HQ USCENTCOM MACDILL AFB FL

UNCLAS SECTION 01 OF 02 ADDIS ABABA 000832

SIPDIS

SENSITIVE  
SIPDIS

DEPT FOR G/AIAG, AF/EX, AND DS/IP/AF  
USAID/W FOR AFR/SD, BGH/AI, AFR/ESA  
CJTF-HOA FOR POLAD

E.O. 12958; N/A

TAGS: ET KFLU TBIO AMED EAID EAGR SENV XW  
SUBJECT: AVIAN INFLUENZA UPDATE FOR ETHIOPIA- PROTECT ACCORDINGLY

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(SBU) SUMMARY

¶1. Post's Inter-Agency Avian Influenza committee met March 21, 2008 to review the situation in Ethiopia with respect to the status of Highly Pathogenic Avian Influenza (HPAI) in the country since the committee's last meeting March 29, 2007. There have been no outbreaks in the past year in spite of some suspicious cases which were not AI. The Ethiopian government remains vigilant. The USG continues to provide support through the World Health Organization, Texas A & M, the Johns Hopkins Health Communications Project, the Red Cross, and technical support from USAID and the Centers for Disease Control and Prevention. END SUMMARY

¶2. (U) The Mission continues to provide support for the GOE to prevent an outbreak and/or respond if an outbreak occurs. Efforts include technical assistance to the government, surveillance activities, and coordination efforts.

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RESOURCES

¶3. (SBU) FY08USAID has obligated \$1,250,000 USD for Avian Influenza for 2008. \$862,500 is obligated to Texas A&M to undertake animal surveillance, laboratory diagnosis and some communication, \$200,000 was obligated to the Johns Hopkins Health Communication Project for communication and community awareness program, and \$187,000 obligated to WHO for human surveillance. In 2007, CDC awarded a multi-year Cooperative Agreement to the MOH for \$200,000. The purpose of the CoAg is to enhance current influenza-surveillance activities in Ethiopia, which includes establishment of a national influenza center, laboratory capacity building, and training of staff. CDC is currently working with the MOH to submit their continuation application for FY08 funding.

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COORDINATION EFFORTS AND CAPACITY BUILDING

¶4. (U) The week of March 10, 2008 USAID/Ethiopia hosted a tdy from USAID/W's Humanitarian Initiative to Prepare for a Pandemic Influenza Emergency (HILLIE). This is a three year initiative to build a fully prepared and deployable "off the shelf" capacity of likely first responders during an influenza pandemic. Ethiopia is one of five countries for the stage one of the project (Egypt, Rwanda, Nepal and Cambodia). A draft report is expected in two months re the development and roll out of this plan. As part of the

early response, CDC provided training and technical assistance either directly or indirectly through JHPIEGO. Influenza experts from CDC headquarters visited Ethiopia to provide technical assistance. JHPIEGO assigned staff to the MOH for one-year to provide continuous on-site technical assistance. CDC also provided personal protective equipment. In February 2008, laboratory experts from the CDC Kenya office visited Ethiopia to assist in evaluating the current status of the influenza program. As part of the effort to strengthen GOE capacity, CDC Kenya has invited staff from Ethiopian Health and Nutrition Research Institute (EHNRI) and MOH to attend training and a regional workshop on AI.

**¶15.** (U) A recent USAID East Africa Avian Influenza partners meeting was held in Kampala, Uganda March 3-5, 2008. More than 70 participants attended the meeting including USAID/Ethiopia, USAID/EA, USAID/EGAT, USAID/GHB, CDC/Atlanta, USDA, US/ARMU, FAO/Rome and Kenya, AU-IBAR, DFID, WHO/AFRRO, UNICEF/ESARO, UNOCHA, USAID /Uganda, USAID/DRC, USAID/Kenya, USAID/Togo, USAID/Tanzania, and representatives of implementing partners. The goal of the meeting was to establish effective regional, sub-regional, and national activities/resources/linkages among East Africa AI partners. The objectives were a) Identify complementary activities that partners will implement and the roles the partners will take in all levels of AI work in 2008 nationally, sub-regionally, and regionally. b) Identify lessons learned from current AI work to incorporate into 2008 activities and, c) Identify key coordination/collaboration points among partners and refine and harmonize the work plans of partners in the region

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US EMBASSY RESPONSE  
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**¶16.** The US Embassy Addis Ababa Health Unit maintains a limited stockpile of Tamiflu, Relenza and PPE for mission employees and eligible family members, per State policy. The country of Ethiopia is poorly equipped to manage any complications from avian flu. Health care resources would be quickly overwhelmed in the event of an outbreak, as would medevac capability. Tamiflu is not available locally, and there are few ventilators, isolation wards, etc. In keeping with the Policy Coordination Committee recommendations of March 10, 2008, the embassy would adopt a "remain-in-country" position, allowing for support of those who chose to return to the U.S. early in the pandemic, to the extent possible. The Health Unit encourages a proactive approach by families and individuals by adopting practices now that will limit transmission of respiratory organisms. These would include covering the mouth and nose when coughing and sneezing, frequent hand washing with soap and water or alcohol based disinfectant and maintaining a distance of at least 3 feet from people with respiratory illness. The HU also encourages keeping basic PPE, medical supplies, water and food at home in the event of an outbreak.

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NEXT STEPS  
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**¶17.** (U) Unless there is an outbreak, Post plans to meet again for a routine monitoring in six months.

**¶18.** (U) Mission points of contact are: Meri Sinnitt USAID/Ethiopia Health Officer 251-115510088 and Catherine Avery, CDC Director (A), 251-11-466-9566

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